



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM

**MONTHLY COMPLIANCE MONITORING REPORT FOR GROUNDWATER SYSTEMS**

PUBLIC WATER SYSTEM NAME				PUBLIC WATER SYSTEM ID NUMBER				COUNTY	
	Minimum Residual _____ 4-log Sample Location _____			Minimum Residual _____ 4-log Sample Location _____			Minimum Residual _____ 4-log Sample Location _____		
Month/ Year	pH	Temp °C	Lowest Free Chlorine (mg/l)	pH	Temp °C	Lowest Free Chlorine (mg/l)	pH	Temp °C	Lowest Free Chlorine (mg/l)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									
31.									
Was the disinfectant residual ever less than the State required level for 4-log inactivation of viruses at this entry point? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If so, did the water system collect grab samples every four hours until the disinfectant residual was above the State required level? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answer yes to this question, attach the results of the grab samples to this form).									
(For systems serving more than 3,300) Did continuous monitoring equipment fail at any time during this reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No									
(For systems serving more than 3,300) If monitoring equipment failed, were grab samples collected every 4 hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach grab sample results to this form)									
NAME OF PERSON PREPARING REPORT									
SIGNATURE OF RESPONSIBLE PARTY							DATE		
Mail completed form to: Missouri Department of Natural Resources Public Drinking Water Branch - Monitoring P.O. Box 176 Jefferson City, MO 65102-0176 Phone 800-361-4827 or 573-751-5331 Fax 573-751-3110									